

Racine Family YMCA

Kid's Club 2006

Enrollment Packet

SITE REQUESTED _____

Please read the Parent Handbook before completing the forms contained in this enrollment packet.
 Your child will not be registered in the program until all forms in this packet are completely filled out and
 Returned to the attention Nette Feller at the Racine Family YMCA.

Please complete one packet per child

Child's Name	Today's Date				
Child's Age	Child's Date of Birth ____ / ____ / ____				
Grade Child is Entering in Fall '06	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Did child attend program last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, Would you like to receive information on becoming a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
My child will be participating in the following club program: <input type="checkbox"/> North Park <input type="checkbox"/> South Park <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">AM KID'S CLUB (9:00-11:45am)</p> <p style="text-align: center;">Mon Tues Weds Thurs Fri (please circle)</p> <p>Estimated Arrival Time: _____</p> <p style="text-align: center;">\$40.00</p> </div> <div style="width: 45%;"> <p style="text-align: center;">PM KID'S CLUB (1:00-3:30pm)</p> <p style="text-align: center;">Mon Tues Weds Thurs Fri (please circle)</p> <p>Estimated Departure Time: _____</p> <p style="text-align: center;">\$40.00</p> </div> </div>					
	Name	Home Address & Zip	Home Phone	Work Name & Address	Work Phone
Father					
Mother					
Guardian					
Parents Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Spouse Deceased					
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other,					
Are there any parental custody arrangements we should be made aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
What is your child's swimming ability?					
Do you feel your child is physically capable of full participation in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain:					
Does your child have any concerns regarding attending Kid's Club? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					

Emergency/Medical Information:

I understand that all injuries will be recorded on an incident form and will be logged in a medical logbook. Parents will always be informed of any occurrence either in person or by phone depending on severity. In case of an injury requiring medical attention, it is the responsibility of the parent to cover all costs. The YMCA does not carry supplemental insurance to cover such costs.

Parent/Guardian Signature

YMCA Kid's Club Release Form

BEFORE CAMP CARE

I agree to escort my child into the YMCA Summer Kid's Club program and sign him/her in upon arrival.
_____ (Parental/Guardian Initials)

AFTER CAMP CARE

I agree to pick up my child from the YMCA Summer Kid's Club program no later than 6:00pm and sign him/her out upon departure.

_____ (Parental/Guardian Initials)

Field Trip Information Form

Section #1: Walking Permission Slips. I understand that there might be some days were the counselors take my child (ren) on a walking field trip. My signature below gives my permission for my child to go on walking field trips with the YMCA Kid's Club.

Child's Name

Parent /Guardian Signature

Section #2: Field Trips: If I want my child to participate on the YMCA weekly Kid's Club field trip, I understand that I will be given information in advance and that I must sign a permission slip and pay for that field trip. Otherwise other arrangements must be made.

_____ (Parent's Signature)

Parental/Guardian Consent Form

DIRECTIONS: VERY IMPORTANT - Please carefully read, initial each parental consent section listed below, then sign and date on the "Parental/Guardian Signature" line at the bottom of the page.

Section #1: **REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare for the other children in the program. I understand that if my child requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be removed from the program.

_____ (Parental/Guardian Initials)

Section #2: **PARENT/GUARDIAN MEDICAL RELEASE:** I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the emergency persons listed. In the event they cannot be reached, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment.

_____ (Parental/Guardian Initials)

Section #3: **RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteer staff, shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes or action whatsoever, to my child or his/her property, arising out of or connected to participation in any YMCA programs.

_____ (Parental/Guardian Initials)

Section #4: **MEDIA RELEASE:** ☐ I do ☐ I do not give my permission for my child to appear in media coverage approved by the YMCA.

_____ (Parental/Guardian Initials)

Section #5: **ACCURATE/COMPLETE INFORMATION:** I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's registration and or participation in YMCA programs.

_____ (Parental/Guardian Initials)

Section #6: **PARENT HANDBOOK:** I have received the YMCA Kid's Club Parent Handbook, which includes necessary program information for my child and me. I have read the information and agree to abide by the policies and procedures herein. I also understand that a copy of the YMCA Kid's Club Parent Handbook is on file and available to me at the park site.

_____ (Parental/Guardian Initials)

Section #7: **PAYMENT OF PROGRAM FEES:** I understand that all weekly fees must be paid seven (7) days prior to the start of each camp session. I understand that failure to make payments as directed will result in a \$10 per day late fee until my balance is paid in full. I also understand that if the weekly fee is not paid by the beginning of that week my child (ren) will not be allowed to stay at camp until the fee is paid. Repeated failure to pay in a timely manner can result in my child's dismissal from the program.

_____ (Parental/Guardian Initials)

Section #8: **PICKUP FROM PROGRAM:** I understand that my child must be picked up by 11:45am or 3:30pm, or a late pick-up fee of \$1.00 each additional minute will be charged to me.

_____ (Parental/Guardian Initials)

Section #9: The YMCA reserves the right to terminate enrollment at any time if my child's behavior warrants dismissal.

_____ (Parental/Guardian Initials)

Section #10: I have read this registration agreement and understand it. I agree to adhere to the stated policies.

_____ (Parental/Guardian Initials)

I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my parental/guardian consent for my child on all sections contained within.

Parental/Guardian Signature

Date

CHILD'S INTEREST INVENTORY

Extra Curricular Activities: _____

My Child's favorite active activities: _____

My child's favorite quiet activities: _____

Other hobbies or interests: _____

My child's strengths lie in the areas of: _____

Behavior management techniques that are most effective at home include: _____

Please give a brief description of your child and share with us any special information that would be helpful in providing for his/her needs: _____

Does your Child have any allergies or dietary restriction (insect stings, foods, medications, etc.)? _____

Do you feel your child is physically capable of full participation in the program? ____Yes____No

If not, specify limitations: _____

Are your child's immunizations current? ____Yes ____No

If not, list those needed: _____

Has your child been diagnosed as hyperactive, ADD or learning disabled? ____Yes____No

Is your child on any medication? ____Yes____No

Please Explain: _____

(If so, and medication is to be taken during program hours, send a signed permit to give medication slip for staff to administer or for child to take the medication.)

Please list any additional information that you feel will help us work more effectively with your child and make his/her involvement more pleasant.

Signature

Date

T-SHIRT SIZE (please check desired size):

{ Youth 6-8, { Youth 10-12, { Youth 14-16 OR { Adult S, { Adult M, { Adult L, { Adult XL)